

Children's Cabinet

September 25, 2020

Agenda

- Welcome and Introductions (2 min)
- Vote on adoption of April and July meeting minutes (3 min)
- Early Childhood Strategic Plan & PDG Update (5 min)
- Update on school re-opening (10 min)
- Update on Child Care Re-opening (10-15 min)
- Update on Family Home Visiting return to in-person visits (10 min)
- Public Comment (15 min)

ECCE Strategic Plan Adopted in 2020

Mission: Rhode Island's comprehensive focus on Early Childhood Care and Education brings together providers, programs, advocates and families to ensure that our children prenatal through age five have equitable access to high-quality education, health and developmental care, and services and supports needed in order to enter school healthy and ready to succeed.

Vision: All Rhode Island children enter kindergarten educationally, social- emotionally, and developmentally ready to succeed, putting them on a path to read proficiently by 3rd grade.

Guiding Principles:

- **Focus on Vulnerable Populations:** We believe in focusing our work. In doing so, we prioritize actions that will deliver outcomes for our highest-risk children to ensure kindergarten readiness, putting them on a path to reading proficiently by third grade.
- **Inclusive and Diverse Engagement:** We believe our work is best supported through strong, sustained partnerships with families, caregivers, community members, educational institutions and providers. Collectively, we can positively impact outcomes for children.
- **Commitment to a Mixed Delivery Model:** We believe in providing child care and education through a diverse set of programs, services and providers so that young children and families can access the resources they need to thrive, in a setting that works best for them.
- **Workforce Advocacy and Support:** We believe in, and support, the individuals caring for our youngest constituents and support the expansion of programs that help recruit, prepare and retain a high- quality early childhood care and education workforce.
- **Collaborative Leadership:** We believe in the mutual alignment and advocacy of the Governor, her Cabinet, and those agencies representing the health, well-being and education of young children and families, from prenatal and maternal health through to school- aged services, education and support.
- **Alignment of Funding with Impact:** We believe in rigorously pursuing diverse and sustainable funding, while also assessing the impact of our investments against desired outcomes for children. RI commits to refining our strategies and actions based on those finding

The ECCE Strategic plan has five core objectives to achieve the vision.



Objectives:

1. Rhode Island's early childhood programs meet high-quality standards for care and education as defined by our Quality Rating and Improvement System. (Lead: **Caitlin Molina**)
2. Children and families can equitably access and participate in the early childhood care, services, and supports that will help them reach their potential and enter school healthy and ready to succeed. (Lead: **Blythe Berger**)
3. All four-year olds in Rhode Island have access to high-quality Pre-K, inclusive of parental choice and student needs. (Lead: **Lisa Foehr**)
4. Secure the quality and delivery of ECCE through increased and sustainable funding and operational improvements (Lead: **Kayla Rosen**)
5. Expand the depth and quality of family and child-level data accessible to and used by agencies, programs, and partners to drive decisions. (Lead: **Kayla Rosen**)

Our 3-year, \$27M PDG Renewal Grant is helping us achieve our objectives.

Objective	Selection of PDG Activities Advanced in 2020
1: Quality Programs	<ul style="list-style-type: none">• Facilities planning grants (LISC)• Pre-service training
2: Equitable Access to Services & Supports	<ul style="list-style-type: none">• Expanded Parents as Teachers by 300 slots• Expansion of HEZ Family Support Programs in 7 HEZ's• Pilot of Family Navigators program in 6 HEZ's
3: Universal Pre-K	<ul style="list-style-type: none">• Expanded RI Pre-K by more than 300 seats
4: Operations and Sustainability	<ul style="list-style-type: none">• Public awareness campaign• Implementing the ECCE Governance structure
5: Data-Driven System	<ul style="list-style-type: none">• Population-level survey about access and barriers to ECCE programs



COVID-19

School Re-opening Discussion



COVID-19 Child Care Reopening

September 2020 RI Department of Human Services Update

Courtney E. Hawkins, Director
Caitlin Molina, Assistant Director Child Care
Rhode Island Department of Human Services

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Child Care Reopening Update

**“I’m inspired by how we’ve come together during this crisis. We’ve come so far and worked so hard.
In fact, I’ve never been more proud to be a Rhode Islander.” - Governor Gina M. Raimondo**

01

Actions Taken

For Families & Child Care Providers

02

By the Numbers

Reopening, Closures & News Sites

03

COVID-19 Impact

CDC Study & DHS Survey

04

LISC Child Care Provider Relief Fund

Overview

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Enforcement

Unannounced Monitoring, Corrective
Action Trends & COVID-19 Reviews

Actions: Child Care



Child Care is one of the basic needs. DHS' Office of Child Care is committed to helping families and providers before, during and after the COVID-19 pandemic.

For families during COVID-19, RI:

01

Waived all family copays for Child Care Assistance Program (CCAP) families

02

Is waiving allowable absence policy for CCAP families (currently defined as 5 days/month)

03

Is navigating federal policy adjustment to reinstate families.

04

Regulated summer camps to ensure safe environments. More than 100 summer camp programs were approved to serve 19,000 youth.

DHS recognized the need to thoughtfully reopen safe and developmentally appropriate child care to both support working families and ensure the economic viability of our valued providers, and did so on June 1st with help for providers, including:

- New regulations and plan submission process
- A temporary rate enhancement to support reopening costs
- Payments to reimburse providers who care for CCAP children based on enrollment rather than by attendance
- Free PPE resources and a one-stop shopping website for additional PPE, cleaning supplies and other needs
- The Child Care Provider Relief Fund, \$5M CARES Act funding, to provide critical resources necessary to help sustain the State's essential child care infrastructure



By the Numbers: Reopening

Pre-COVID DHS-Licensed Child Care Provider Capacity as of March 1st 2020: 100%

Provider Type	Number of DHS-Licensed Providers	Number of Slots
Family Child Care	465	3,084
Center-Based Child Care	446	32,435
Total	911	35,519

COVID DHS-Licensed Child Care Provider Capacity as of June 30th 2020: 70%

Provider Type	Number of DHS-Licensed Providers	Number of Slots
Family Child Care	374	2,433
Center-Based Child Care	257	15,752
Total	631	18,185

COVID DHS-Licensed Child Care Provider Capacity as of September 9th 2020: 87%

Provider Type	Number of DHS-Licensed Providers	Number of Slots
Family Child Care	402	2,531
Center-Based Child Care	371	18,685
Total	773	22,963

By the Numbers: Reopening (Cont.)

Anticipated COVID DHS-Licensed Child Care Provider Capacity as of October 1, 2020: 97% *(due to programs in LEA's with unclear opening plans)*

Provider Type	Number of DHS-Licensed Providers	Number of Slots
Family Child Care	430	2,755 <i>(approximately)</i>
Center-Based Child Care	411	22,085 <i>(approximately)</i>
Total	841	24,840

Providers Who have Not Submitted Reopening Plans Yet:

Provider Type	Number of DHS-Licensed Providers	Reported Reason for Not Submitting a COVID-19 Reopening Plan
Family Child Care	32	All have not yet communicated plans for reopening.
Center-Based Child Care	78	45 reside in LEAs. Those LEAs have not yet authorized their reopening.
		33 have not yet communicated plans for reopening.
Total	110	

By the Numbers: Closures/New Sites During COVID-19

Closures

Provider Type	Number of Closures
Family Child Care	22
Center-Based Child Care	6*
Total	28

Family child care providers who have permanently closed permanently since March 1st 2020 report doing so for the following reasons:

- 1) Retirement
- 2) Pre-existing, underlying health conditions potentially impacted by a COVID-19 diagnosis

*50% of the child care center closures are slated to reopen under new leadership and will remain DHS-licensed child care facilities. Centers who have permanently closed reporting doing so due to financial concerns which predate COVID-19.

New Sites

Provider Type	Number of New Sites	Number of Pending Applications
Family Child Care	3	5
Center-Based Child Care	6	6
Total	9	11

COVID-19 Impact: CDC Study

Limited Secondary Transmission of COVID-19 in Child Care in RI, from June 1-July 31st 2020

DHS and RIDOH partnered with the CDC to better understand, and report on, incidents of COVID-19 in DHS-licensed child care programs.

Key Findings:

- High compliance with RI DHS requirements was observed during 127 unannounced monitoring visits.
- During June 1- July 31, RIDOH conducted investigations of any reported COVID-19 case in a child or adult, including staff members, parents, or guardians, present at a child care program.
- From June 1-July 31st, 33 persons had confirmed cases of COVID-19 in 29 child care programs in Rhode Island
- 20 of the 29 child care programs had a single COVID-19 case reported with no apparent secondary transmission. 5 programs had 2-5 cases; however, RIDOH excluded child care-related transmission because of the timing of symptom onset

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6934e2.htm>

<https://www.washingtonpost.com/health/2020/08/21/coronavirus-child-care-protocols/>

COVID-19 Impact: DHS Survey

DHS is partnering with Public Consulting Group (PCG) to deploy a series of **3 statistically valid surveys** (October, November, December) to assess the fiscal impact on child care programs during the pandemic.

DHS will **evaluate the fiscal impact on child care programs** by soliciting data on the following **key metrics**:

- Child enrollment & attendance
- Staffing (return, retention & compensation)
- Procurement of PPE, materials and equipment

These surveys will provide DHS, community partners and state and federal leaders with **key insight into the overall health, and sustainability of RI's child care system**. These surveys will also serve as a **foundation for RI's federally required triennial Market Rate Survey in 2021**.

DHS assembled an Advisory Group to support development and implementation of this survey series. Members participated in a design session on Friday, September 18th.

Rhode Island

Child Care Provider Relief Fund

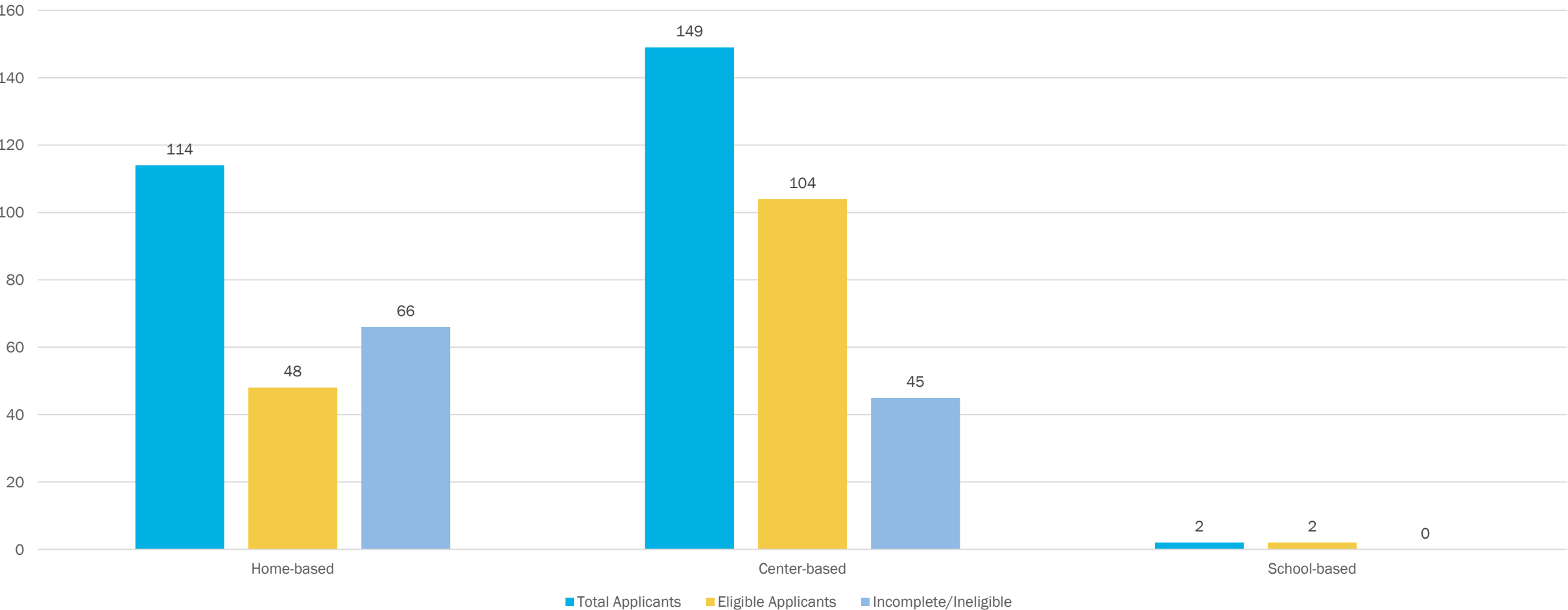
Next Steps – Award Process
September 2020

LSC

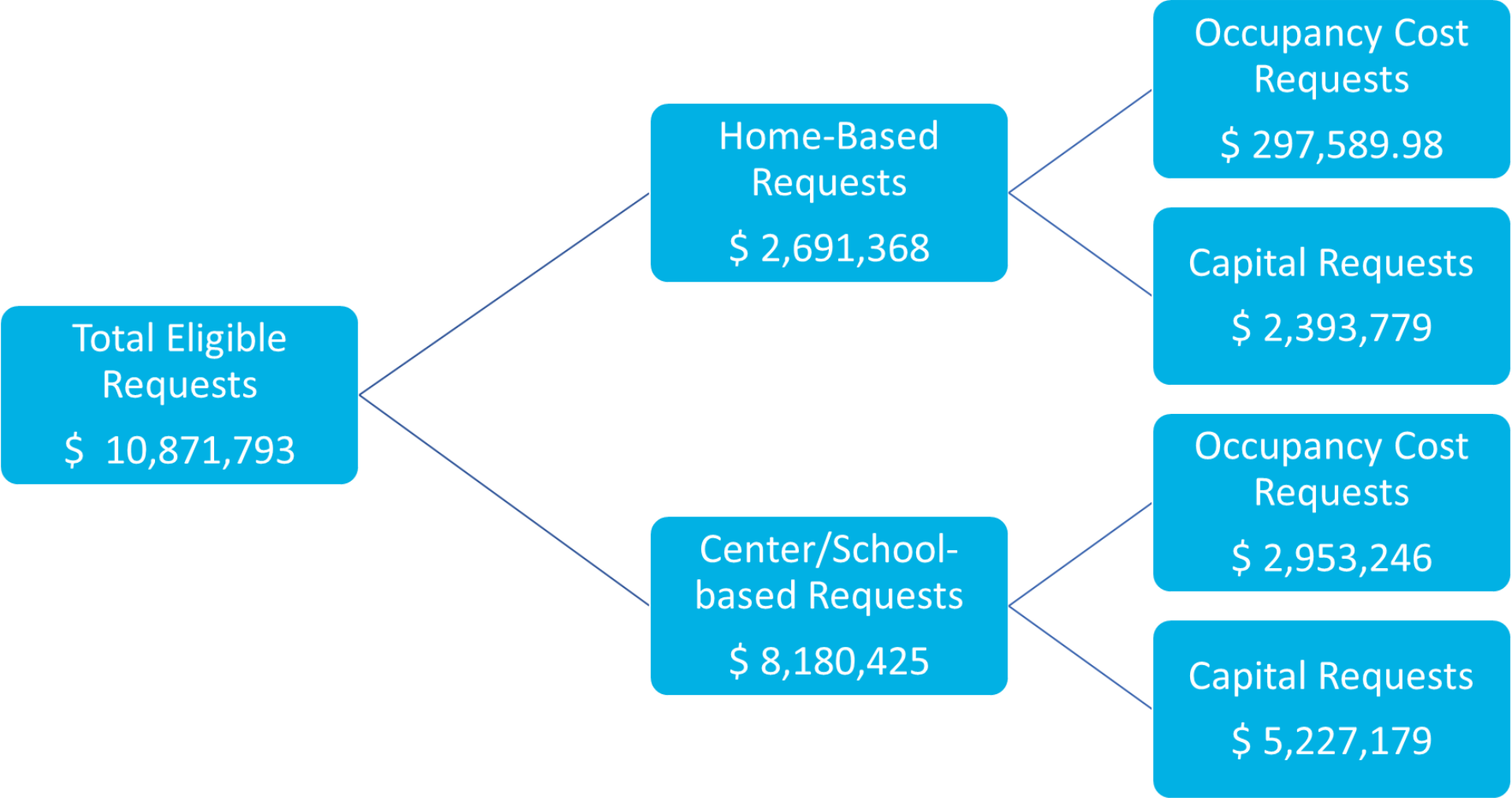


Relief Fund: Overview

Application Totals by Provider Type



Relief Fund: Overview (Cont.)



Enforcement: Unannounced Visits

Pre-COVID 2019-2020: DHS Child Care Licensing team conducted **160 unannounced monitoring visits** during this time frame, visiting **70 centers** and **90 family child care providers**.

Provider Type	Corrective Action Findings; Risk Levels			
	High-Risk	Moderate-Risk	Low-Risk	Total
Family Child Care	286	172	3	461
Center-Based Child Care	132	79	59	270

Reopening 6.1.20-8.31.20: The DHS Child Care Licensing team conducted **219 unannounced monitoring visits** during this time frame, visiting **90 centers** and **129 family child care providers**.

Provider Type	Corrective Action Findings; Risk Levels					
	High-Risk			Moderate-Risk	Low-Risk	Total
	Non-COVID	COVID	Total			
Family Child Care	149	23	172	71	0	243
Center-Based Child Care	63	4	67	46	8	121

Enforcement: Corrective Action Trends (Pre-COVID)

Five Most Common Corrective Action Findings

Family Child Care

Regulation	Description	Risk Level
2.3.1.F.	Written Work Schedules Not Posted	High-Risk
2.3.3.N.1.	Electrical Outlets Not Covered	High-Risk
2.3.3.S.2.	Emergency Phone Numbers Not Posted (911, Fire, etc.)	High-Risk
2.3.4.A.1.	Annual Physical Form Missing Child Files	Moderate-Risk
2.3.4.B.1	Notarized Emergency Treatment Forms Not on File	High-Risk

Center-Based Child Care

1.8.L.6.	Unable to Provide Documentation of Regular Safety Drills Being Conducted	High-Risk
1.8.C.3.	Daily Medication Log is Not Completed for Children Requiring Medication	High-Risk
1.8.G.7.	Cleaning & Sanitation Schedule is Not Posted	High-Risk
1.8.K.3.	Programs Serving Infants & Toddlers Did Not Have a Choke Prevention Gauge	High-Risk
1.12.F.7.C.	Annual Health Exam Record Missing from Child Files	Moderate-Risk

Enforcement: Corrective Action Trends (Reopening)

Five Most Common Corrective Action Findings		
Family Child Care		
Regulation	Description	Risk Level
2.3.3.V.2.	Cleaning Materials are Within a Child's Reach & Not Locked In a Cabinet	High-Risk
2.3.3.S.3.	Names & Phone Numbers of Parents & Emergency Contacts are Not Kept Near the Phone	High-Risk
2.3.3.F.1.	Outdoor Play Area Has Hazards or is Missing a Fence	High-Risk
2.3.4.A.1.	Annual Physical Form Missing Child Files	Moderate-Risk
2.3.4.A.2.	Child's File Missing Immunization Records	Moderate-Risk
Center-Based Child Care		
1.7.H.1.	Overall Health & Safety of the Facility & Grounds (Ceiling tiles being cracked, holes in wall or door, items blocking an egress)	High-Risk
1.12.F.7.C	Child Files Missing Annual Health Examination	Moderate-Risk
1.8.G.3	Toxic Substances Being Left Out and Accessible to Children	High-Risk
1.12.F.7.D.	Immunization Record Not Found in Child's File	Moderate-Risk
1.12.F.10.G.	Written Authorization from Parent or Guardian for Emergency Medical Treatment Not Found in Child File	Moderate-Risk

Enforcement: COVID-19 Reviews

RIAEYC/BrightStars Scope of Work; September 1-December 31, 2020

Effective September 1, 2020, RIAEYC BrightStars' staff will be conducting COVID-19 Reviews of DHS-licensed child care facilities. RIAEYC will be conducting these reviews in close partnership with DHS Child Care Licensors and will offer these as a hybrid approach to delivering quality improvement strategies/tips and processing a provider's BrightStars' Renewal with reviewing a provider's compliance to the COVID-19 health and safety regulations.

Example of a RIAEYC COVID Review

Child Care Center and School Age Program Regulations Child Care Center, Family Child Care Home and Group Family Child Care Home Licensing Changes Due to COVID-19 218-RICR-70-00-8			
Section	Requirement Description	Compliant Status	
10.4.4.B (High Risk)	During COVID-19, the provider must post their COVID-19 planning a visible area directly next to the license at all times.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Corrected Onsite
10.1.3.A (High Risk)	Visitors and/or observers should be discouraged from visiting the child care facility during the COVID-19 crisis to limit the possible exposure to the children in care and to the child care staff. 1. Any individual who must visit shall document their arrival and departure time on a visitor log that must be kept onsite and available.	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant Non-Compliance Detail <input type="text"/>	<input type="checkbox"/> Corrected Onsite

Questions/Concerns

Please Contact the DHS Child Care Licensing team

DHS.ChildCareLicensing@dhs.ri.gov



COVID-19

Family Home Visiting Re-Opening

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RI's Family Visiting Program

**Rhode Island Department of Health
September 25, 2020**



Sara Remington
Office of Family Visiting
Rhode Island Department of Health

Family Visiting 101



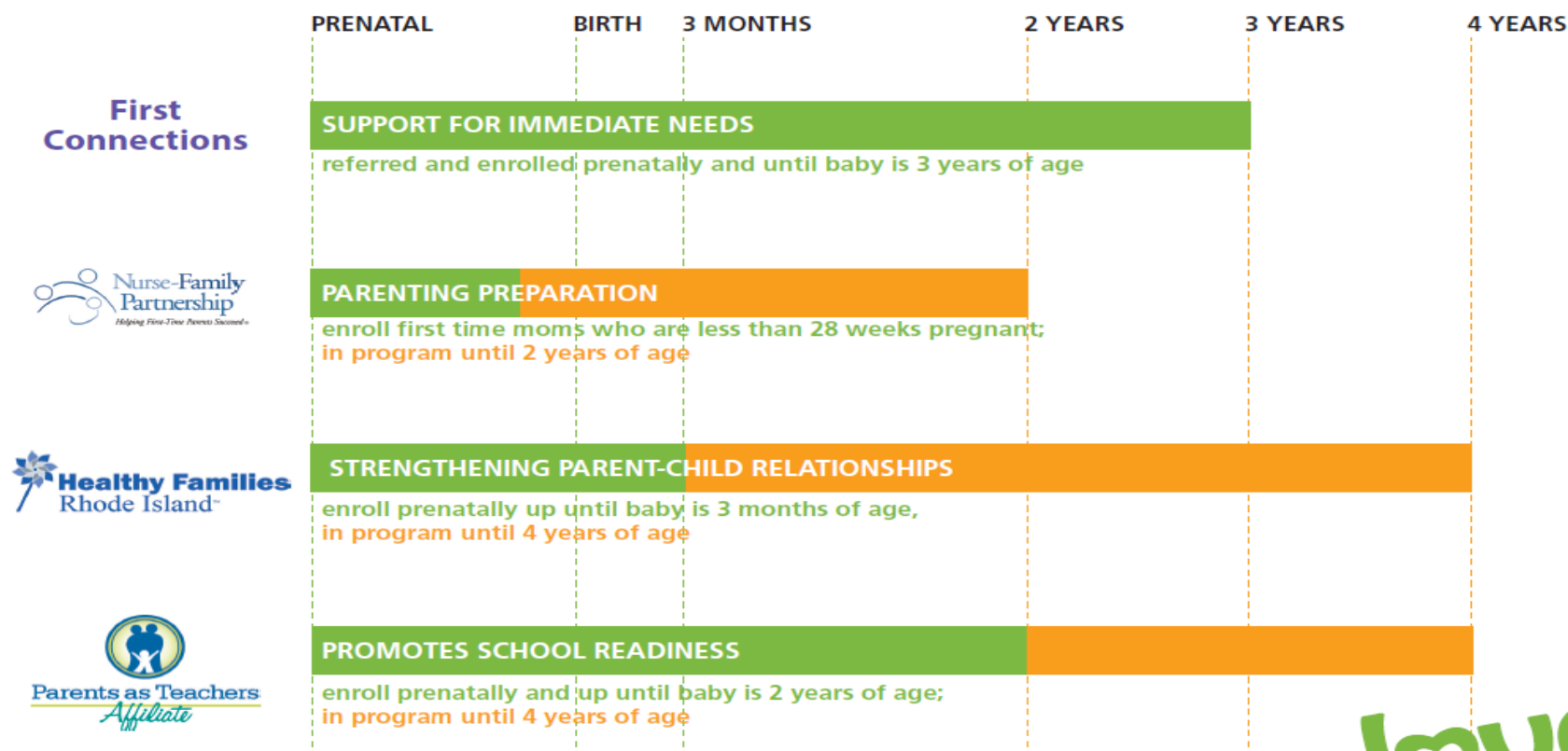
The Family Visiting Program (FV)

- First Connections, a short term assessment and referral program, and
 - Three evidence-based programs: Nurse-Family Partnership (NFP), Healthy Families America (HFA) and Parents as Teachers (PAT).
-
- Voluntary, home-based service provided during pregnancy and through the early years of a child's life.
-
- Services are administered by (RIDOH) with 15 contracted local implementing agencies that have 23 teams.

Family Visiting 101



Family Visiting



This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under D89MC28279 Affordable Care Act- Maternal, Infant and Early Childhood Home Visiting Program \$9,272,115.00. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

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that
baby™

Transition to Phase 3



- HFA, NFP and PAT stopped in-person visits mid-March.
- First Connections teams continued to offer VERY LIMITED in-person visits to families with highest need when it was safe to visit.



Transition to Phase 3



- All teams dropped off supplies to families throughout Phases 1 and 2.
 - Family Visiting received referrals from COVID Unit.
 - Family needs included:
 - food, toiletries, cleaning supplies.
 - supplies for distance learning; child care closure.
 - transportation and funds to obtain necessary resources.
- Family Visiting agencies filled these needs whenever possible.



Transition to Phase 3



Gradual resumption of in-person visits being offered to high-need families that it is safe to visit.

- Following Phase 3 guidelines for home visiting.

Agencies report their status for the week every Monday.

As of September 21:

- 8 teams had all their staff offering in-person visits.
- 5 teams had some of their staff offering in-person visits.
- 10 teams were not offering in-person visits.

Transition to Phase 3



- Throughout summer, RIDOH talked with Family Visiting Parent/Caregiver Advisory Council about resuming in-person visits and comfortability.

In August:

- Evidence-based family visiting completed over 1,340 virtual visits, a mix of phone and video conference/146 in-person visits.
- First Connections completed over 580 virtual visits/58 in-person visits.



Public Comment